STRATEGIC VISION for home visiting and parenting education in North Carolina, in the service of the ECAP vision:

All families have access to a range of parenting education supports, from the prenatal period to age eight, within a coordinated delivery system, which will positively impact parent-child relationship and family and child well-being.

Goals for Home Visiting and Parenting Education System

CHOICE   To advance a continuum of home visiting and parent education models and intensity, with equitable access to families in need and seeking the services.

QUALITY SUPPORTS   To align and coordinate home visiting and parenting education in a manner that maximizes the potential of the workforce and each model, leverages the best of knowledge and supports across the early childhood system, and results in mutually reinforcing activities across models and the system.

RACIAL EQUITY   To build and maintain a system that remediates racial and economic inequities through the equitable access points, quality and distribution of services.

INTEGRATION   To develop a system that will advance home visiting and parenting education while fully integrating home visiting and parenting education as part of the bigger system of early childhood, maternal and child health, and social services in North Carolina.

IMPACT   To develop and operationalize, supporting at a systemic level, strategies that maximize resources, support efficiency in operations, allow for leveraging of model impacts and implementation approaches, and are continuously informed by outcomes for children and families.

Goal: Area the work most supports	Outcomes	Strategies and Activities
System Component: Governance and Administration		
Integration	A The governance structure for home visiting and parent education will fully represent programs, funders, prenatal to eight agencies, communities and families, use a systems approach to support the multi-model, locally variable implementation approach which is flexible and targets need, and ensure cross sector engagement within the prenatal to eight system.	A1 Determine appropriate governance structure to lead the NC home visiting and parent education system. A2 Map out necessary membership, roles and responsibilities, expectations of the governance entity. A3 Determine decision making approach of governance. A4 Establish a subcommittee approach to leverage participation at multiple levels and greater numbers, including incorporating parent/family voice. A5 Advance local governance entities and how these entities are part of the overall governance structure, advancing the same collaborative and systemic approach at the local level as the state, and provide a feedback loop in to the structure. A6 Develop programming/activities of governance structure with budget and potential funding sources. A7 Develop strategic approach and activities for both state and local governance entities, including budgets, to advance the multi-model, locally variable approach to HV and PE implementation. A8 Establish communication and knowledge sharing systems between new NC HVPE governance structure and current prenatal to age eight governance structures.

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Choice	B Home visiting and parenting education stakeholders will utilize common messages across multiple systems to support awareness and knowledge of the role of these programs, to increase access to programs and local choice, and to advance the collaborative approach to a HVPE system.	B1 Develop communication tools and approaches to advance an overall understanding of what home visiting and parenting education is and the potential impact, and clarity for families on what resources are available. B2 Implement communications strategy for different audiences. B3 Analyze and respond to other common messaging and education needs; initial needs identified: continuum of services in a community; different silos and partners that need engagement; shifting the mindset around role and value of HVPE. B4 Explore options for a centralized intake approach, to improve coordination and family experience, while advancing the local approach to the HVPE system. B5 Utilize existing resources and create new tools to communicate impact of services and system to policy makers.
Impact	C Organizations will have a decrease in the administrative burden they face in running home visiting and parenting education programming.	C1 Establish common outcomes and program expectations across funding sources. C2 Align reporting requirements, use the same report forms and monitoring tools. C3 Align funding cycles and evaluations (such as RFPs) C4 Develop a feedback loop to understand program and family experiences of the administration system, with process for modifying current or developing new administrative strategies, in direct response to the feedback. C5 Explore a single portal for entry of reporting requirements.
Racial Equity	D Leadership, oversight, and management of HVPE at both state- and local-levels are structured to advance opportunities, fairness, and access to resources for those historically and currently effected by racial inequity.	D1 Research existing approaches to equity values and principles in the state and across peer states through Pritzker, Think Babies, national HV and PE work, to learn from equity approaches used. D2 Develop definition and values around equity for the HVPE system, in alignment with other state and local efforts. D3 Assess current mechanisms for reviewing performance on equity and addressing disparities, at state and local systems levels and program implementation level. D4 Assess how system governance should support existing mechanisms and the role of HVPE governance in the performance review mechanisms that need to be developed and implemented specific to the HVPE system. D5 Establish plan for the development and implementation of these mechanisms.
System Component: Financing Strategies and Funding Mechanisms		
Impact	E Home visiting and parenting education stakeholders will utilize comprehensive information on funding of the programs (federal, state and local), the role of aligning funding, and the funding needs of local programs and system-level supports as part of their system approach and in guiding decisions.	E1 Explore strategies for disseminating revenue and expense study information. E2 Develop training tools to support local communities to use revenue and expense model to support their financing efforts. E3 Gather and review local strategies for financing multi-model home visiting approaches to create funding management systems with centralized strategies aligned to the best practices of local. E4 Run analysis of revenue and expense model data to support understanding of budgetary impact of shared strategies for reporting

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		and monitoring (common outputs, forms, reporting structures). E5 Run analysis of the program benefits to functioning as part of a local system. E6 Craft messaging and communication efforts around funding to address what it takes to run programs (admin) as well as the state and local system needs.
Quality Supports	F Home visiting and parenting education stakeholders will improve the funding mechanisms used for programs and the system, with integrated funding sources and distribution systems.	F1 Develop models (some in current practice) of layering funding for continuum of models, with demonstration of how funding requirements are met through the approaches, and plan for education on layered funding in response to current understanding of layering. F2 Develop resources to support implementation of a continuum of models, funded by multiple sources, in communities (tool on the key elements of success for that approach across communities) F3 Analyze challenges and systemic barriers faced by communities implementing funding, for individual and continuum of models, as well as quality/system supports, to determine policy and administrative changes to address. F4 Run revenue and expense modeling reflective of the workforce and professional development areas of the system, under fully funded mosaic of models in communities. Highlight potential mechanisms to fund the workforce and professional development needs. F5 Develop mechanisms to measure the impact of aligning and layering of funding on the implementation of programs and the overall HVPE system.
Racial Equity	G Build and maintain a system that supports the policies and financing required to ensure children are not disadvantaged by racial and other inequities.	G1 Develop values and policies related to fiscal administration that aligns with equity values laid out in the governance system. G2 Leveraging local assessment and planning work, identify inequities in access and funding across the state. G3 Review current funding streams and administration processes with an equity assessment lens, analyzing information gathered to inform policy and process changes. G4 Develop and implement a plan to target funding to address identified inequities. Plan will include measurement of progress on addressing inequities. G5 Explore potential processes to monitor equity in implementation of financing strategies and administration. G6 Develop and implement mechanisms to review performance related to equity approach.
Integration	H The diversity and stability of funding for home visiting and parenting education will increase (will increase to meet x of the demand).	H1 Develop a catalogue of current and potential funding sources. H2 Explore the role of alignment of funding streams and the understanding of the potential approaches to alignment across the current, and potential, funding sources. H3 Using HVPE fiscal model to analyze the funding gap, based on yearly service expansion targets, and leveraging all potential funders for these services. H4 Map the role of aligning current funding and how to leverage funding based on level of restrictiveness, in order to maximize the sources available and make those less restrictive options available to meet need. H5 Analyze use of Medicaid funding and Family First Prevention Services Act funding for home visiting. H6 Establish communication and information sharing systems with other aspects of the prenatal to age eight system, specific to the

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		financing needs and approach of all services and system components (e.g., child care fiscal modeling, system-wide fiscal modeling; need for strategic thinking on places to share resources and implementation strategies).

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System Component: Assessment and Planning		
Choice	A statewide expansion plan for home visiting and parenting education will include community driven assessment and planning, and leverage the community approach, to guide decisions regarding investments and program expansion.	I1 Assess sources for accurate data on current service delivery and capacity to inform a statewide expansion plan and develop capacity to maintain this data. 2 Identify sources for expansion plan components and gather information on these, including but not limited to: deserts, organizations in communities with capacity to lead effort, funding needs (from fiscal modeling), and need from the communities. 3 Develop strategies to identify expansion targets that address inequities in access. 4 Develop strategies and measures within plan to allow locally driven selection and implementation of models and local variability in implementing the continuum of supports to programs. 5 Outline responsibilities, expectations, and activities of local as part of the statewide expansion plan, including delineating the use of the local coordinating entity to implement the vision and the plan. 6 Finalize multi-year statewide expansion plan.
Racial Equity	Cross-system and interagency assessment and planning aligns with all equity change levers: personal, interpersonal, institutional and structural; and results in organizations that intentionally contribute to racial equity and economic justice outcomes.	J1 Facilitate disaggregation of state-level data, including service utilization and needs assessment data sources, in order to analyze data from perspective of equity change levers. 2 Develop technical assistance on using state-level needs assessment data sources, identifying gaps in data and strategies to address, and how data leads to a response plan. 3 Develop a community assessment process to guide a consistent, collaborative approach in communities, aligned with equity change levers, that is inclusive of community need, continuum of service possibilities, capacity of organizations, workforce and more. 4 Analyze resources for community assessment frame to ensure they address racial equity in data, and are focused on response planning across all equity change levers. 5 Anticipate and plan for a needs based approach to capacity building in communities that targets greater resources and investments to those historically disenfranchised and under resourced communities.
Impact	Communities have the services and supports that best match their needs.	K1 Ensure funding for community assessment and planning, separate from the pursuit of new funding for services, and develop these funding strategies in concert with those to fund the work of a local coordinating entity responsible for HVPE system. *[Cross reference:*

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		G&A A7] 2 Develop a system development TA approach, to support assessment, local decision making and the development of local plans to respond to assessment. 3 Implement priorities and principles for the engagement of parent and family voice, in step with family engagement in other aspects of state work and ensuring meaningful participation. 4 Establish long term prioritization of need, with consensus across stakeholders, in order to move through expansion with a multi-phase approach.
Quality Supports	The statewide plan for the expansion of home visiting, and the assessment and planning that informs this plan, will support local systems in their ability to maintain a multi-model approach in their community.	L1 Ensure that the statewide approach to expansion is clearly messaged to include the community driven approach to multiple models and local expansion that is based on need, not on funding or competition. L2 Develop a communication structure and feedback loop across state and local that advances the local coordinating entity and how these entities are part of the state HVPE systems governance structure. 3 Survey communities to determine what supports they need to do the big tent approach to HVPE (perceived need for permission from models and funders, etc?) 4 Develop principles and strategies, with associated resources and TA, to support collaboration among models, in order to meet community need and implement plan.

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System Component: Monitoring and Accountability		
Choice	Throughout NC, communities are informed on which programming works best for given populations and use this information to guide decisions on the parenting education and home visiting services offered in their communities.	M1 Explore a precision medicine style approach to developing an understanding of what programming works best for which people and when, and sharing out this information to better match models with communities. 2 Develop scale up plan that will ensure coverage of programs in every county in NC, in response to the needs of communities (related to Assessment and Planning component). 3 Integrate strategies for scaling programs that address the continuum of program options available in counties and target program capacity according to maintaining the continuum. 4 Set and measure system against benchmarks of success in scaling up the continuum of programs.
Integration	Measures for monitoring and accountability of home visiting and parenting education implementation are aligned across funders and models and demonstrate linkage to statewide goals for prenatal to eight system.	Develop objectives and priorities for monitoring and accountability which reflect the system goals of increasing efficiencies in funding and program administration and understanding the overall impact of HV and PE programming.

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Impact	The HVPE system will be responsible for system-wide outcomes (develop measures, track, analyze and report on) and will formulate and support implementation of system responses to outcomes as necessary.	Monitoring - Survey reporting structures are used across the state in HV/PE programs. Identify "gold star" examples of reporting structures that work well (DPH, DSS, any funders, model consultants) - Identify key areas of efficiency to monitor, considering how state system or policy changes could increase these efficiencies. Accountability - Crosswalk program outcomes across models, and HV and PE, to find overlaps, common outcomes across programs. - Map data indicators that feed up to the larger measures in ECAP in order to demonstrate how HV and PE are part of impacting these outcomes. - Explore a data capture system and data use agreements to engage all models and funders in the system (look to work of ECIDS and ECAP as models for this work). - Complete an analysis of all outcome reporting in order to determine policy implications and the outcome areas that may be appropriate for considering impact of HVPE from system lens. - Identify outcomes in parent behavior (well child visits, reading to kids, getting immunizations) that move the needle. Outcomes may include elements already tracked by models, goal of this approach is to pull them together in a dashboard style tracking that considers the program impact from the systems level, instead of just the individual program lens. - Establish an accountability goal for the system, and an evaluation report on this goal, which demonstrates the impact of a functional system and can be used in building the case for continual investments in HVP and the system.
Racial Equity	Shared leadership and collective power offers new and reconstituted systems of accountability. Policy and programs are developed and monitored for their impact and outcomes that contribute to both racial inequities and racial equity on all levels—personal, interpersonal, institutional and structural.	N1 Identify data points for disaggregating family outcomes data by race, establish tracking of data points not currently in use. 2 Develop system for monitoring family outcomes data at the system level, analyzing data results and planning responses to the data. 3 Analyze existing measures, and develop/recommend new, to address the impact of model fidelity with marginalized populations. 4 Develop and implement measures to assess the impact of adjusting model implementation to account for population differences. 5 Explore measures in place, or in need of development, to address levels of racial equity: personal, interpersonal, institutional, and structural, across policies and programs. 6 Develop monitoring approach for all levels of racial equity, which integrates in existing monitoring, and adds new addressing multiple levels of racial equity work.

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System Component: Continuous Quality Improvement, Implementation and Evaluation		
Integration	An integrated approach to quality, implementation and evaluation will support understanding needs across models, ensuring consistency in the experience of models, and ensuring that programs have access to standard supports that maximize program impact.	O1 Develop core strategies of this integrated approach encompassing the following progression of the work: i. information gathering, ii. analysis from a systems perspective with goal of common experience of programs, iii. develop strategies to address gaps identified in analysis. 2 Outline shared commitments to this work, engage with stakeholder groups around these commitments and develop roles and responsibilities to support the work. Concepts include: - Function across models and funders/administering entities. Work will coordinate across these entities, not add more work to programs that function under these different entities. - Role of each entity is to share their knowledge and successes to benefit the NC system: work will leverage the shared expertise from existing models in order to address the gaps found in quality improvement, implementation supports and evaluation efforts. - Strategies to address identified gaps may include building cross model activities that mirror examples from peer models. - Strategies to address program access to standard supports, regardless of funder, model or location variances. 3 Demonstrate the role of the integrated approach in supporting the achievement of overall goals for children and families held by the state. Align these concepts for HVPE with the goals and evaluation laid out in the Early Childhood Action Plan.
Quality Supports	The quality and capacity of home visiting and parenting education programs will be supported by a coordinated, comprehensive and fully accessible continuous quality improvement system.	P1 Complete an analysis of quality assurance strategies and supports across models/programs including those that are part of the broader prenatal to eight system: the goals, services, and measures. 2 Map existing quality improvement efforts of state agencies and organizations supporting prenatal to eight programming, in order to have an understanding of the landscape of this work and where strategies can be leveraged, built upon, or mirrored in supporting HVPE, or possibly see modifications to streamline work with programs and result in efficiencies. 3 Review map of existing efforts, and develop response plan, with goal of achieving consistency and common experience of supports for implementation across model type, funder and program location. Ensure strategies leverage role of existing systems (i.e. Smart Start Eval/CQI; DSS/PCANC) to meet identified needs. 4 Explore providing consistent implementation science support, training and resources across the state, how this would be rolled out, and the overall impact of this approach on programs meeting their model and funder requirements.
Impact	North Carolina home visiting and parent education stakeholders will develop and implement an evaluation plan and structure that is fully representative of	Q1 Complete an assessment of current outcomes tracked by all models/programs to identify where they align currently or could align. Develop alignment tools on evaluation (e.g., processes, products, messaging, guidance on where appropriate to evaluate multiple models on same variables). 2 Align statewide system measures, those captured across all models/program with funder measures (contract measures for which programs are responsible). 3 Determine where there are measures across HV and PE that may be shared, where measures differ and how differences in outcomes are important to these two services and their existence in the same community space. 4 Outline a common set of existing metrics, coordinate these with ECAP measures, and develop an evaluation plan and structure that addresses both these threads and has flexibility for additional data. Ensure that the metrics and plan support an increased understanding of family outcomes across the state. 5 Analyze evaluation plan to ensure equity in approach.

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	programs, funders, communities and families, and advances policies that demonstrate the impact of the multi-model, locally variable approach, as part of achieving goals	6 Work with funders, public and private, to develop and promote a shared agenda around evaluation, with consistent measures and outcome scales across models and programs. 7 Assess potential resources to support a shared approach to evaluation, such as state data positions. 8 Expand and include local efforts around Early Childhood Integrated Data System (ECIDS), to work toward a integrated data system that fully captures the work and is capable of the disaggregation of data necessary to apply an equity lens to understanding outcomes.
Racial Equity	North Carolina will develop a coordinated, comprehensive and fully accessible continuous quality improvement process with data systems that support program- and system-level decision-making related to closing racial disparities.	R1 Engage in a process to review and understand how strategies to assess quality are driven by equity levels of change and how these are implemented across models and programs. 2 Analyze what gaps in assessment of quality, implementation supports and evaluation exist and what strategies could be developed at a state level to support CQI and implementation consistently across the state. 3 Explore the variations in CQI necessary to address the needs of diverse communities, for instance, those historically-disenfranchised communities with more challenging social and economic conditions. 4 Develop out the components of a multi-tiered approach to monitoring quality improvement, implementation and evaluation, that uses strategies aligned with equity levels of change. 5 Complete an analysis of current implementation supports for parent/family engagement and leadership that uses an equity lens. Develop cross model/funder implementation supports for meaningful parent engagement and leadership that use an equity lens in the work and can be implemented across the state.
Choice	An integrated approach to quality, implementation and evaluation will support family access to programs and ensuring families are engaged in programs.	S1 Maintain resource documents on programs: target population (by funding source, program); services delivered. S2 Ensure communication, outreach, and resource tools are in place to share program requirements and objectives along the continuum of services. 3 Scan existing approaches to shared referral and centralized intake, the coordination across state and local entities required, and the support from HVPE governance needed for the development and maintenance of these strategies in each community. 4 Develop strategies to leverage existing coordination of model purveyors and of service providers, assess and understand where purveyors and providers currently work together, and how to build more strategies for their work and coordinated services that will support families in accessing a service. 5 Explore early childhood family navigator concepts (Healthy Opportunities examples) to address family access and community coordination aspect of implementing expansion plan.

Goal: Area the work most supports	Outcomes	Strategies and Activities
System Component: Professional Development, Training and Technical Assistance		
Integration	Home visiting and parenting education system will ensure consistency and accessibility of programs and communities to professional development, training and technical assistance supports.	T1 Develop the continuum of supports through a plan that encompasses the shared workforce and professional development needs across the spectrum of HVPE programming, as well as their discreet needs. 2 Compare and contrast training offerings provided by each model, including the core competencies addressed by the training. 3 Map and develop a repository of existing trainings and technical assistance opportunities that plots content along a continuum from beginner to advanced, links to competencies, informs on the offering entity and gives information that may increase intake by programs. 4 Identify funding and other resources to ensure the professional development area of the HVPE systems is able to be sustained and to include programs that may not currently be included in model-specific or statewide trainings. 5 Work within the other family support programming, and the broader prenatal to eight system, to ensure that the HVPE professional development plan is aligned with, accessing and sharing as appropriate, training and technical assistance of other programs.
Quality Supports	Home visiting and parenting education workforce will have access to and utilize professional supports aligned to core competencies for the delivery of HV and PE programming.	U1 Determine the areas of core competencies for HV and PE workforce (professionals and volunteers and areas for consistency across professional supports and shared competencies for all models. Areas to include: trauma-informed, child development, family engagement, cultural competencies, equity, and others to be identified. 2 Consider use of nationally established competencies for HV and PE. 3 Develop a plan for ensuring accessible, consistent integration and support once the core competencies have been defined. Map multiple options for how shared competencies would be integrated to the NC higher education, professional development, certification, and endorsement systems, based on the purpose for utilizing shared competencies. 4 Develop core training content (leveraging what may exist on the topics) in order to ensure cross program-type access to training that advances competency in identified areas (those areas identified initially: racial equity, family/community engagement, trauma informed practice, self-care, protective factors).
Impact	Alignment of workforce and professional development, training and technical assistance will increase retention of quality staff and improve organizational	V1 Utilize knowledge of training needs and demands to begin assessment of gaps in current offerings. 2 Launch a statewide professional training needs assessment that cuts across models, funders and home visiting and parenting education, to gather more information on training needs. 3 Identify gaps in technical assistance opportunities and ways to model additional offerings on successful initiatives in place. 4 Develop a strategic approach to increasing training and technical assistance offerings, from the models, the scope and needed capacity and the investment needed. 5 Work with program leadership and quality support staff on the content and strategies needed to ensure the professional development approach encompasses the program management as well as professionals who deliver coaching, technical assistance and coaching.

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	sustainability.	6 Utilize Home Visiting Consortium and convening of parenting education purveyors as an advisory body to assess and build response plan for addressing training needs. 7 Engage with Prevent Child Abuse North Carolina to support assessing training needs across parenting education models.
Choice	Home visiting and parenting education stakeholders will have increased opportunities for professional growth and development that functions across models and is locally driven and accessible.	W1 Develop role for the local system entities to identify the local need and readiness and establish implementation supports that are responsive to their local context, coordinate the state or regional supports that address their local context. 2 Support this local responsiveness with a state system approach that is fully resourced to meet professional development and TA needs while leveraging the existing structures. 3 Develop opportunities for regional or statewide learning collaboratives (communities of practice) to build capacity in quality improvement cycles around specific shared areas for improvement. 4 Identify an approach to learning collaboratives that ensures the concept is shared across models and funding entities. Resource to make accessible to all programs and develop content in shared areas applying across models. E.g., one model or funder, or collective of models/funders may lead on a given area but the model will encompass all models in the region. 5 Apply implementation science as an element of professional growth and development, including trainings on program implementation at organizational level. Based on survey of programs (from Monitoring and Accountability section) select two to three areas of professional practice to apply implementation science approach to. 6 Develop strategy for training on areas of implementation science, broadly, and the content areas identified in the program survey.
Racial Equity	Workforce development system align efforts to recruit and support practitioners in developing competencies and enhancing practice to understand their own values, beliefs, implicit biases, unconscious racism, actions, as well as their own relative privileges.	X1 Identify inequities in access and other structural barriers programs having to engaging with training and professional development opportunities. 2 Develop competencies and identify training and professional development activities addressing individual values, beliefs, implicit biases and unconscious racism in practice. 3 Develop a plan to integrate additional training and mentoring resources on values, beliefs, implicit biases, unconscious racism, relative privileges and actions, in to existing model and topical trainings. 4 Facilitate the development of these resource materials and ensure training on implementation of the materials is widely available and tailored to different training, TA and mentoring engagements. 5 Explore measures to assess comprehension of these concepts and behavior changes in these areas, support implementation of measures across workforce development system. 6 Support the development of a pipeline of diverse home visiting and parenting education professionals, reflective of diversity of NC families and communities.